

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

08

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		398231.39
(b) Cash on Hand at Beginning of Reporting Period	382749.86	
(c) Total Receipts (from Line 19)	24490.85	530808.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	407240.71	929039.45
7. Total Disbursements (from Line 31)	202737.10	724535.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	204503.61	204503.61
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20503.60	452277.54
(i) Itemized (use Schedule A)		
(ii) Unitemized	3509.73	74506.12
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	24013.33	526783.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	24013.33	526783.66
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	477.52	4024.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24490.85	530808.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24490.85	530808.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	4121.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	4121.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	202500.00	711000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	237.10	9414.84
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	202737.10	724535.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	202737.10	724535.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24013.33	526783.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24013.33	526783.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	4121.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	4121.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24863621

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary Geil

Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City

Santa Ana

State

CA

Zip Code

92705-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Ana Tustin Radiology
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24863624

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Rodibaugh

Mailing Address 1 Saint Raphael

City

Laguna Niguel

State

CA

Zip Code

92677-2761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Ana Tustin Radiology
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24863628

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Ladd

Mailing Address 3366 Valemont St

City

San Diego

State

CA

Zip Code

92106-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer
La Jolla Radiology Medical
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24863865

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. D Lee Bennett

Mailing Address 53 Alder Ct

City

Iowa City

State

IA

Zip Code

52246-9409

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864410

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mandar Pattekar

Mailing Address 3121 W War Memorial Dr

City

Peoria

State

IL

Zip Code

61615-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Illinois Radiology
Association

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864412

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Kerri Dias

Mailing Address 11967 Sackston Ridge Dr

City

Creve Coeur

State

MO

Zip Code

63141-8227

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864443

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864461

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City

Washington

State

DC

Zip Code

20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983107

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983108

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983109

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983110

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983111

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City

Englewood

State

NJ

Zip Code

07631-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983113

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983114

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983115

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City

Hackensack

State

NJ

Zip Code

07601-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983116

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City

New York

State

NY

Zip Code

10023-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983117

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

State

Zip Code

Closter

NJ

07624-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983119

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

State

Zip Code

New York

NY

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983120

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 47-30 Vernon Blvd Unit 1R

City

State

Zip Code

Long Island City

NY

11101-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983121

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983122

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983123

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983124

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 14 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983126

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983127

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983128

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City

Franklin Lakes

State

NJ

Zip Code

07417-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983129

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City

New York

State

NY

Zip Code

10023-6337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983130

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address Hackensack University Med Ctr
20 Prospect Ave Ste 513

City

Hackensack

State

NJ

Zip Code

07601-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 24983131

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25014851

Amount of Each Receipt this Period

40.00

wire

B.

Full Name (Last, First, Middle Initial)

Dr. E W. Akins

Mailing Address 3971 Gulfshore Blvd Apt P/H 304

City

Naples

State

FL

Zip Code

34103-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015205

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Pamela Caslowitz

Mailing Address 3110 Gin Lane

City

Naples

State

FL

Zip Code

34102-7807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015206

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Dorio

Mailing Address 1817 Medea Ct

City

Naples

State

FL

Zip Code

34109-7122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015207

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jason Hamilton

Mailing Address Naples Radiologists PA
PO Box 9829

City

Naples

State

FL

Zip Code

34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015208

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William W. Hutchins

Mailing Address 6607 Glen Arbor Way

City

Naples

State

FL

Zip Code

34119-4658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015209

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Lim

Mailing Address Naples Radiologists
PO Box 9829

City	State	Zip Code
Naples	FL	34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: 25015210

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Meli

Mailing Address Naples Radiologists PA
PO Box 9829

City	State	Zip Code
Naples	FL	34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists PAOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: 25015211

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Pawlus

Mailing Address 975 Aqua Cl

City	State	Zip Code
Naples	FL	34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: 25015212

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Ryan

Mailing Address Naples Radiologists PA
PO Box 9829

City State Zip Code
Naples FL 34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015213

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Shamit Sarangi

Mailing Address 401 Bayfront PI Apt 3205

City State Zip Code
Naples FL 34102-6459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015214

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Singer

Mailing Address Naples Radiologists
PO Box 9829

City State Zip Code
Naples FL 34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015215

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Smock

Mailing Address 445 Terracina Ln

City

Naples

State

FL

Zip Code

34119-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015216

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Matthew Strange

Mailing Address PO Box 9829

City

Naples

State

FL

Zip Code

34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015217

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Theobald

Mailing Address 457 Devils Ln

City

Naples

State

FL

Zip Code

34103-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015218

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Vensel

Mailing Address 760 Park Shore Dr

City

Naples

State

FL

Zip Code

34103-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 25015219

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Soehnlen

Mailing Address 18882 Withrich Rd

City

Dalton

State

OH

Zip Code

44618-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Canton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25054391

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary Geil

Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City

Santa Ana

State

CA

Zip Code

92705-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Ana Tustin Radiology
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25054392

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Frederick Conard, III

Mailing Address 22 Sunset Farm Rd

City

West Hartford

State

CT

Zip Code

06107-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25054393

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Poulton

Mailing Address Aultman Hospital
2600 6th St SW

City

Canton

State

OH

Zip Code

44710-1799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25054394

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City

Cleveland

State

OH

Zip Code

44195-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
on

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055164

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City

Greenville

State

SC

Zip Code

29607-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055165

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055167

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Newman

Mailing Address 913 Southview PI NE

City

Lenoir

State

NC

Zip Code

28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055168

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Wu

Mailing Address 8729 Valentine Ct

City

Raleigh

State

NC

Zip Code

27615-5830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055231

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Jandl

Mailing Address 939 Quarter Round Road

City

Pacolet

State

SC

Zip Code

29372-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055232

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City

Dallas

State

TX

Zip Code

75205-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055233

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Linda Gray

Mailing Address 3325 Granville Dr

City

Raleigh

State

NC

Zip Code

27609-6923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055235

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055319

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address Radiology Associates of Berrien
416 State St Ste A

City

Saint Joseph

State

MI

Zip Code

49085-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055322

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 4333 Bell Rd Unit 1514

City

Newburgh

State

IN

Zip Code

47630-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055323

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dale Shaw

Mailing Address 3601 Sharon Rd

City

Charlotte

State

NC

Zip Code

28211-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055325

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jorge Albin

Mailing Address 645 Mulberry Ln

City

Bellaire

State

TX

Zip Code

77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055360

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

143.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055361

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code
Chestnut Hill MA 02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055362

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgcrest Court Rd

City State Zip Code
Birmingham AL 35242-0525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055363

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

175.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City Warren State MI Zip Code 48093-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Cons-
ultants, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055366

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City Greenville State SC Zip Code 29615-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055367

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City Charlotte State NC Zip Code 28277-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055369

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

121.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Mittl, JR

Mailing Address 4733 Coburn Court

City

Charlotte

State

NC

Zip Code

28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055370

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055371

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Swartz

Mailing Address 1210 Page Ter

City

Villanova

State

PA

Zip Code

19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25055372

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City

Atlanta

State

GA

Zip Code

30306-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Baptist Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25078158

Amount of Each Receipt this Period

40.00

5203

B.

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City

La Crosse

State

WI

Zip Code

54601-5494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25078163

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Chakri Inampudi

Mailing Address 6125 Prominence Pointe Dr

City

Anchorage

State

AK

Zip Code

99516-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25078164

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5123.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25179820

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25179821

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25179822

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25179823

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address 2818 Canal Dr

City State Zip Code
Panama City FL 32405-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25179824

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Boys

Mailing Address South Texas Radiology Group
PO Box 29441

City State Zip Code
San Antonio TX 78229-0441

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25179831

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James S. Gilley

Mailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

City State Zip Code
San Antonio TX 78229-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25179832

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Gurian

Mailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

City State Zip Code
San Antonio TX 78229-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25179833

Amount of Each Receipt this Period

1300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rriitt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25180040

Amount of Each Receipt this Period

40.00

wire

SUBTOTAL of Receipts This Page (optional)

2340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Isaac Kirk, III

Mailing Address 2211 Sheridan St

City

Houston

State

TX

Zip Code

77030-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Radiology Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291314

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bibb Allen, JR

Mailing Address 2000A Southbridge Pkwy Ste 300

City

Birmingham

State

AL

Zip Code

35209-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montclair Baptist Medical
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291319

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Sangster

Mailing Address 3281 S Little Dr

City

Flagstaff

State

AZ

Zip Code

86001-9119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291320

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City State Zip Code
Saint Cloud MN 56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291321

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Shick

Mailing Address 2921 Crossfield Dr

City State Zip Code
Greensboro NC 27408-6743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Baptist
Med C

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291323

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Potter

Mailing Address 1803 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291500

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City

Greensboro

State

NC

Zip Code

27455-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291501

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City

Pittsburgh

State

PA

Zip Code

15206-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weinstein Imaging Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291502

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291503

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

276.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Brannon

Mailing Address 7 Foxglove Ct

City

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291504

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291507

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stuart Moses

Mailing Address 14 Timber Dr

City

North Caldwell

State

NJ

Zip Code

07006-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291508

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Veazey

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology Assoc
PAOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: 25291510

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce Schroeder

Mailing Address 738 Lexington Dr

City Greenville State NC Zip Code 27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: 25291512

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City Monroe State NC Zip Code 28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: 25291513

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Redvanly

Mailing Address 4315 Gosford Pl

City

Charlotte

State

NC

Zip Code

28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: 25291514

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: 25291515

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dennis Johnson

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: 25291516

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address Medical College of Georgia
1120 15th St BA1414City State Zip Code
Augusta GA 30912-0006FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of GeorgiaOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 25291519

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste ACity State Zip Code
Alexandria LA 71301-3606FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 25291520

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Wissing

Mailing Address Charlotte Radiology
PO Box 36937City State Zip Code
Charlotte NC 28236-6937FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 25291523

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

248.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291526

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Way, JR

Mailing Address 7713 Oakmont Pl

City

Raleigh

State

NC

Zip Code

27615-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291527

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael McLaughlin

Mailing Address Eastern Radiologists Inc
9 Doctor's Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291529

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Roger Vithalani

Mailing Address 516 Chesapeake Place

City

Greenville

State

NC

Zip Code

27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291530

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ira Adler

Mailing Address 1811 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291533

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jr., M.D. Charles Schranck

Mailing Address 75 Fairmount Dr., North

City

Alton

State

IL

Zip Code

62002-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291536

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City

Greenville

State

NC

Zip Code

27858-8441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 25291537

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 25291538

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Road

City

Yardley

State

PA

Zip Code

19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 25291540

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Ketcham, II

Mailing Address 8824 Wildflower Dr

City

Cheyenne

State

WY

Zip Code

82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291542

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291543

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kerry Chandler

Mailing Address 4100 Mullcroft Pl

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291544

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Karl Chiang

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291545

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464674

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464675

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

116.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464677

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464678

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464679

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 82

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464730

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464731

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464733

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464734

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City

Englewood

State

NJ

Zip Code

07631-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464735

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464772

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464773

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 47-30 Vernon Blvd Unit 1R

City

Long Island City

State

NY

Zip Code

11101-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464774

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City

New York

State

NY

Zip Code

10023-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464775

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464776

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464810

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464811

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

76.92

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Transaction ID: 25464812

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address Hackensack University Med Ctr
20 Prospect Ave Ste 513

City

Hackensack

State

NJ

Zip Code

07601-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Transaction ID: 25464814

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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Transaction ID: 25464815

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464816

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

19.23

TOTAL This Period (last page this line number only)

20503.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 82

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4024.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25449141

Amount of Each Receipt this Period

477.52

Interest

SUBTOTAL of Receipts This Page (optional)

477.52

TOTAL This Period (last page this line number only)

477.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.Full Name (Last, First, Middle Initial)
Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City State Zip Code
Denver CO 80206

Purpose of Disbursement

Candidate Name
Rep. Diana DeGetteOffice Sought: ☒ House
☐ Senate
☐ President

State: CO District: 01

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24489210

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Amount of Each Disbursement this Period

2500.00

B.Full Name (Last, First, Middle Initial)
Kagen 4 CongressMailing Address 100 W. College Ave.
50 DCity State Zip Code
Appleton WI 54911

Purpose of Disbursement

Candidate Name
Rep. Steve KagenOffice Sought: ☒ House
☐ Senate
☐ President

State: WI District: 08

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24704511

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Amount of Each Disbursement this Period

4000.00

C.Full Name (Last, First, Middle Initial)
Jobs, Opportunities and Education, PAC (JOE-PAC)

Mailing Address 85-54 Grand Avenue

City State Zip Code
Elmhurst NY 11373

Purpose of Disbursement

Candidate Name
Jobs, Opportunities and Education, PAC (JOE-PAC)Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24704512

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association

<p>A. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address P.O. Box 5458 PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 19</p>	<p>Transaction ID: 24831401 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">0 6 / 0 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div> </p>
<p>B. Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: VA District: 07</p>	<p>Transaction ID: 24832025 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">0 6 / 0 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> </p>
<p>C. Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OK District: 01</p>	<p>Transaction ID: 24832473 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">0 6 / 0 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Bachmann For Congress

Mailing Address Box 49756

City
BlaineState
MNZip Code
55449

Purpose of Disbursement

Candidate Name
Michele BachmannOffice Sought: ☒ House
☐ Senate
☐ President

State: MN District: 06

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼**Transaction ID:** 24832746

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Doggett For Us Congress

Mailing Address PO Box 5843

City
AustinState
TXZip Code
78763

Purpose of Disbursement

Candidate Name
Rep. Lloyd DoggettOffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 25

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼**Transaction ID:** 24833326

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City
MurfreesboroState
TNZip Code
37133

Purpose of Disbursement

Candidate Name
Rep. Bart GordonOffice Sought: ☒ House
☐ Senate
☐ President

State: TN District: 06

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼**Transaction ID:** 24853211

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Latham For Congress

Mailing Address PO Box 71

City
ClarionState
IAZip Code
50525

Purpose of Disbursement

Candidate Name

Rep. Thomas P. Latham

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: IA

District: 04

Transaction ID: 24853299

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Alexander For Senate 2008 Inc

Mailing Address 228 S Washington Street Suite 115

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Candidate Name

Sen. Lamar Alexander

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☒ Primary
☐ General
☐ Other (specify) ▼

State: TN

District:

Transaction ID: 24853300

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Shore PAC

Mailing Address P.O. Box 3157

City
Long BranchState
NJZip Code
07740

Purpose of Disbursement

Candidate Name

Shore PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 24853302

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Friends Of Lois Capps

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Lois Capps

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 24853303

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Pat Roberts For Senate

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Pat Roberts

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: 24853306

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Boyd For Congress

Mailing Address P.O. Box 15703

City
Tallahassee

State
FL

Zip Code
32317

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. F Allen Boyd

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: 24853313

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Salazar For Senate	Transaction ID: 24853321 Date of Disbursement
Mailing Address PO Box 600	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 8</div> </div>
City State Zip Code Denver CO 80201	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Ken Salazar	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress	Transaction ID: 24854654 Date of Disbursement
Mailing Address P.O. Box 12667	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 8</div> </div>
City State Zip Code Bakersfield CA 93389	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Kevin McCarthy	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate	Transaction ID: 24854834 Date of Disbursement
Mailing Address PO Box 2720	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 8</div> </div>
City State Zip Code Little Rock AR 72203	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Mark Pryor	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement

Candidate Name
Rep. Geoffrey DavisOffice Sought: ☒ House
☐ Senate
☐ President

State: KY District: 04

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24854835

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

Candidate Name
Rep. Joseph CrowleyOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 07

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24855201

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Enzi For Us Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement

Candidate Name
Sen. Michael EnziOffice Sought: ☐ House
☒ Senate
☐ President

State: WY District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24855286

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Kirk For Congress

Mailing Address P.O. Box 8

City
WinnetkaState
ILZip Code
60093

Purpose of Disbursement

Candidate Name

Rep. Mark Steven Kirk

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 24855612

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Lot Of People For Dave Obey

Mailing Address 525 Washington St
PO Box 1322City
WausauState
WIZip Code
54402

Purpose of Disbursement

Candidate Name

Rep. David R. Obey

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: 24856240

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	8

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Inslee For Congress

Mailing Address PO Box 33027

City
SeattleState
WAZip Code
98133

Purpose of Disbursement

Candidate Name

Rep. Jay Inslee

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 01

Transaction ID: 24856788

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement

Candidate Name
Rep. Allyson SchwartzOffice Sought: ☒ House
☐ Senate
☐ President

State: PA District: 13

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24856848

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement

Candidate Name
Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ President

State: WA District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24857047

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Barrett For CongressMailing Address P.O. Box 869
PO Box 869City State Zip Code
Westminster SC 29693

Purpose of Disbursement

Candidate Name
Rep. J. Gresham BarrettOffice Sought: ☒ House
☐ Senate
☐ President

State: SC District: 03

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24857094

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City
RichmondState
VAZip Code
23226

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Eric I. Cantor

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: VA

District: 07

Transaction ID: 24857096

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Schakowsky For Congress

Mailing Address P.O. Box 5130

City
EvanstonState
ILZip Code
60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: IL

District: 09

Transaction ID: 24857100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City
SpringfieldState
ILZip Code
62705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Richard Durbin

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: IL

District:

Transaction ID: 24858458

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Wicker for Senate

Mailing Address P.O. Box 874

City
Tupelo

State
MS

Zip Code
38802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Roger Wicker

Office Sought:

☐ House

☒ Senate

☐ President

State: MS

District:

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 24867067

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Alamo PAC

Mailing Address 919 Congress Ave.
Suite 1400

City
Austin

State
TX

Zip Code
78701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Alamo PAC

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 24867413

Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Conaway For Congress

Mailing Address PO Box 51272

City
Midland

State
TX

Zip Code
79710

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael Conaway

Office Sought:

☒ House

☐ Senate

☐ President

State: TX

District: 11

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 24868888

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Andy Harris For Congress Mailing Address PO Box 1527	Transaction ID: 24871829 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	0		2	0	0	8													
City Annapolis State MD Zip Code 21404 Purpose of Disbursement 2008 Primary Debt Retirement Candidate Name Andrew Harris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: MD District: 01 Other (specify) ▼ Primary Debt 2008	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> 2008 Primary Debt Retirement	2500.00																				
2500.00																						
B. Full Name (Last, First, Middle Initial) Friends Of Weiner Mailing Address 1 Ascan Avenue Suite 31 City Forest Hills State NY Zip Code 11375 Purpose of Disbursement Candidate Name Rep. Anthony D. Weiner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: NY District: 09 Other (specify) ▼	Transaction ID: 24980679 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	9		2	0	0	8													
2000.00																						
C. Full Name (Last, First, Middle Initial) Friends Of Weiner Mailing Address 1 Ascan Avenue Suite 31 City Forest Hills State NY Zip Code 11375 Purpose of Disbursement Candidate Name Rep. Anthony D. Weiner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NY District: 09 Other (specify) ▼	Transaction ID: 24980680 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	8	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	9		2	0	0	8													
3000.00																						

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

People's House PAC

Mailing Address P.O. Box 685

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement

011

Category/
Type

Candidate Name
People's House PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24980682

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Bachmann For Congress

Mailing Address Box 49756

City
Blaine

State
MN

Zip Code
55449

Purpose of Disbursement

011

Category/
Type

Candidate Name
Michele Bachmann

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: 24980697

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

3500.00

C.

Full Name (Last, First, Middle Initial)

Bachmann For Congress

Mailing Address Box 49756

City
Blaine

State
MN

Zip Code
55449

Purpose of Disbursement

011

Category/
Type

Candidate Name
Michele Bachmann

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: 24980698

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	Transaction ID: 24995976 Date of Disbursement																				
Mailing Address 555 Capitol Mall Suite 1425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Anna G. Eshoo	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 24995977 Date of Disbursement																				
Mailing Address PO Box 16128	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	8												
City Houston State TX Zip Code 77222	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Gene Green	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 24996036 Date of Disbursement																				
Mailing Address PO Box 3197	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	0	8												
City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Blanche Lambert Lincoln	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

John Shadeggs Friends

Mailing Address PO Box 45444

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John B. Shadegg

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: 24998658

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Scott Garrett For Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Scott Garrett

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 05

Transaction ID: 25004425

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Hawkeye PAC, the

Mailing Address PO Box 7255

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hawkeye PAC, the

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25004426

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Friends Of Rosa DeLauro

Mailing Address 49 Huntington Street

City
New Haven

State
CT

Zip Code
06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Rosa DeLauro

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 03

Transaction ID: 25012650

Date of Disbursement

06 / 29 / 2008

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of John Barrow

Mailing Address PO Box 8166

City
Savannah

State
GA

Zip Code
31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Barrow

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 12

Transaction ID: 25012660

Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Levin For Congress

Mailing Address PO Box 37

City
Roseville

State
MI

Zip Code
48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sander Levin

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 12

Transaction ID: 25072205

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City State Zip Code
Boca Raton FL 33433

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Ronald Klein

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 25072248

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kind For Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City State Zip Code
La Crosse WI 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Ron Kind

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 25074116

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City State Zip Code
New York NY 10022

Purpose of Disbursement

011

Category/
Type

Candidate Name
IMPACT

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25077473

Date of Disbursement

06 / 22 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Tim Murphy For Congress Mailing Address PO Box 24551	Transaction ID: 25077488 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	9		2	0	0	8													
City Pttsburgh State PA Zip Code 15234 Purpose of Disbursement Candidate Name Rep. Tim F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	1000.00	011																			
1000.00																						
011																						
B. Full Name (Last, First, Middle Initial) Andy Harris For Congress Mailing Address PO Box 1527 City Annapolis State MD Zip Code 21404 Purpose of Disbursement 2008 Primary Debt Retirement Candidate Name Andrew Harris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25077489 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> 2008 Primary Debt Retirement	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	9		2	0	0	8													
2500.00																						
C. Full Name (Last, First, Middle Initial) Cantor For Congress Mailing Address P. O. Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25077491 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	9		2	0	0	8													
3000.00																						

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Linder For Congress

Mailing Address P. O. Box 4026

City
DuluthState
GAZip Code
30096

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. John LinderOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 07

Transaction ID: 25165784

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City
PlanoState
TXZip Code
75074

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Samuel Robert JohnsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: 25165825

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

AmeriPAC

Mailing Address 499 South Capitol St., S.W.
Suite 414City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
TypeCandidate Name
AmeriPACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25166363

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Charlie Dent For Congress

Mailing Address PO Box 442

City
AllentownState
PAZip Code
18105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Charles W. Dent

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: PA

District: 15

Transaction ID: 25166860

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Sestak For Congress

Mailing Address P.O. Box 16

City
MediaState
PAZip Code
19063

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joe Sestak

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: PA

District: 07

Transaction ID: 25166868

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City
AlexandriaState
VAZip Code
22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Texas Freedom Fund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary
☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 25166882

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Mchenry For Congress

Mailing Address PO Box 1406

City
HickoryState
NCZip Code
28601

Purpose of Disbursement

Candidate Name
Rep. Patrick McHenryOffice Sought: ☒ House
☐ Senate
☐ President

State: NC District: 10

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 25166890

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Cathy McMorris For Congress

Mailing Address Box 137

City
SpokaneState
WAZip Code
99210

Purpose of Disbursement

Candidate Name
Rep. Cathy McMorrisOffice Sought: ☒ House
☐ Senate
☐ President

State: WA District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 25166893

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Stevens For Senate Committee

Mailing Address PO Box 100879

City
AnchorageState
AKZip Code
99510

Purpose of Disbursement

Candidate Name
Sen. Ted StevensOffice Sought: ☐ House
☒ Senate
☐ President

State: AK District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 25166907

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Kendrick Meek Campaign For Congress

Mailing Address 111 Nw 183rd Street
Suite 325

City State Zip Code
Miami FL 33169

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Kendrick Meek

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 17

Transaction ID: 25166917

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
John Shadeggs Friends

Mailing Address PO Box 45444

City State Zip Code
Phoenix AZ 85064

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John B. Shadegg

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: 25166918

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Friends Of Dan Maffei

Mailing Address PO Box 74

City State Zip Code
Syracuse NY 13214

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Daniel Maffei

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 25168327

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Ciro D. Rodriguez For Congress

Mailing Address PO Box 14528

City State Zip Code
San Antonio TX 78214

Purpose of Disbursement

Candidate Name
Rep. Ciro RodriguezOffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 23

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25168370

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Hoosiers For Hill

Mailing Address PO Box 1071

City State Zip Code
Seymour IN 47274

Purpose of Disbursement

Candidate Name
Rep. Baron HillOffice Sought: ☒ House
☐ Senate
☐ President

State: IN District: 09

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25168371

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Giffords For Congress

Mailing Address PO Box 12886

City State Zip Code
Tucson AZ 85732

Purpose of Disbursement

Candidate Name
Rep. Gabrielle GiffordsOffice Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 08

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25168382

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Giffords For Congress	Transaction ID: 25168383 Date of Disbursement																				
Mailing Address PO Box 12886	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Tucson State AZ Zip Code 85732	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name Rep. Gabrielle Giffords	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends Of Joe Baca	Transaction ID: 25168391 Date of Disbursement																				
Mailing Address 555 Capitol Mall Suite 1425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Joseph Baca	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Herseth For Congress	Transaction ID: 25168398 Date of Disbursement																				
Mailing Address PO Box 2009	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Stephanie Herseth	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Jackie Speier For Congress

Mailing Address PO Box 112

City
BurlingameState
CAZip Code
94011

Purpose of Disbursement

Candidate Name
Jackie SpeierOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: 25168402

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Guthrie For Congress

Mailing Address 1005 Wrenwood Drive

City
Bowling GreenState
KYZip Code
42103

Purpose of Disbursement

Candidate Name
Mr. Steven GuthrieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: 25168415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Majority Committee PAC

Mailing Address P.O. BOX 10134

City
BAKERSFIELDState
CAZip Code
93389

Purpose of Disbursement

Candidate Name
Majority Committee PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25168554

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Porter For Congress

Mailing Address PO Box 26087

City
Las VegasState
NVZip Code
89126

Purpose of Disbursement

Candidate Name
Rep. Jon C. PorterOffice Sought: ☒ House
☐ Senate
☐ President

State: NV District: 03

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 25186345

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Whitfield For Congress Committee

Mailing Address P.O. Box 391

City
HopkinsvilleState
KYZip Code
42241

Purpose of Disbursement

Candidate Name
Rep. Edward WhitfieldOffice Sought: ☒ House
☐ Senate
☐ President

State: KY District: 01

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 25186619

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Andre Carson For Congress

Mailing Address 2527 North Alabama Street

City
IndianapolisState
INZip Code
46205

Purpose of Disbursement

Candidate Name
Andre CarsonOffice Sought: ☒ House
☐ Senate
☐ President

State: IN District: 07

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 25186813

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Friends Of Jim Clyburn

Mailing Address PO Box 12567

City
Columbia

State
SC

Zip Code
29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James Clyburn

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC

District: 06

Transaction ID: 25187094

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address PO Box 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Jason Altmire

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 04

Transaction ID: 25195087

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Nancy Boyda For Congress

Mailing Address PO Box 1474

City
Topeka

State
KS

Zip Code
66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Nancy Boyda

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS

District: 02

Transaction ID: 25195863

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Brown For Congress

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Charles Brown

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 04

Transaction ID: 25195879

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Zack Space For Congress Committee

Mailing Address 123 West High Avenue

City
New PhiladelphiaState
OHZip Code
44663

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Zachary Space

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: OH

District: 18

Transaction ID: 25196327

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Yarmuth For Congress

Mailing Address 900 East Market Street
Suite 100City
LouisvilleState
KYZip Code
40202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Yarmuth

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: KY

District: 03

Transaction ID: 25196708

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

202500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25449071

Date of Disbursement

/ /

Amount of Each Disbursement this Period

237.10

SUBTOTAL of Disbursements This Page (optional)

237.10

TOTAL This Period (last page this line number only)

237.10